



Prescriptions Reimbursed Below Cost Research Request Form

This form is to be completed by the pharmacy and faxed, along with a copy of the invoice, directly to Goold Health Systems at (877) 920-1069. GHS will research the “underpaid” claim and correspond back to the pharmacy all findings upon completion of research.

NPI #	
Pharmacy Name	
Contact Name	
Pharmacy Phone Number	
Pharmacy Fax Number	
Drug Name	
NDC	

Please include:

- Copy of recent invoice for the claim in question. All invoice information for the disputed NDC must be visible.
- Copy of the claim initiating the inquiry for reimbursement review. The claim must show RX#, NDC#, DOS and amount paid.

Thank you,

Utah SMAC Helpdesk

(855) 389-9505 Phone

(877) 920-1069 Fax